

# **Hurricane Katrina**

**Gulf Port and Biloxi Mississippi  
September 3 through October 14, 2005**

## **AFTER ACTION REVIEW**

**PREPARED BY:  
THE INDIANA DEPARTMENT OF HOMELAND SECURITY  
RESPONSE AND RECOVERY DIVISION**

## PREFACE

Preparation of this report required input from numerous agencies and organizations directly involved with this Emergency Management Assistance Compact (EMAC) response. This information was provided in the form of personal interviews, written reports, communications logs, photographs, detailed graphics and information obtained during an after action review involving all participating agencies held on November 17, 2005. To all the agencies, organizations and individuals that provided information for this report, the Indiana Department of Homeland Security wishes to extend a well-deserved thank you.

Table of Contents

Preface.....	I
Table of Contents.....	II
Introduction.....	1
Staging.....	2
The Coliseum Base Camp.....	6
Commanders Comments and Review.....	9
Participating Agencies and Organizations.....	12
Agency Reports and Comments.....	15

## Hurricane Katrina

### INTRODUCTION

On August 29, 2005, Hurricane Katrina rated at a high category 4, impacted the southern United States leaving catastrophic damage and destruction to the Gulf States of Alabama, Mississippi and Louisiana.

In the days prior to landfall, the state of Mississippi started to make inquiries regarding specific types of outside resources that may be available should they be needed. The Indiana State Emergency Operations Center (EOC) immediately started tracking all inquiries and requests.

Within hours of impact, EMAC requests for search and rescue, law enforcement and medical support started arriving hourly from all three states. It was very apparent from news broadcast and talking with the affected states that this event destroyed much of the infrastructure and residential areas of the most southern communities.

At 0900 hours on Wednesday August 31<sup>st</sup>, just two days after landfall, Mr. Eric Dietz the Executive Director of the Indiana Department of Homeland Security committed to the state of Mississippi a large Task Force consisting of Law Enforcement, Medical, Mental Health, Forestry, Water Rescue and National Guardsman with personnel from Indiana Homeland Security serving as overall command and control.

The Task Force was assembled over the next two days and consisted of 213 personnel and 110 vehicles. Dave Perkins (IDHS) served as the Task Force Commander.

The Task Force departed Stout Field, Indiana at 1215 hours September 3, 2005 for its assigned staging area located at South Haven, Mississippi.

## Hurricane Katrina

### Staging Area South Haven, Mississippi

The Mississippi point of contact for the Task Force was Dave Marno, the Mississippi State EMAC coordinator and Tim Curtis the DeSoto County Emergency Management Director located in South Haven.

Prior to arrival, the Indiana Task Force received word that the original staging location of the Civic Center had been changed to the South Haven Expo Center that had been converted to a shelter.

The lead elements arrived in Desoto County, South Haven, Mississippi around 2130 hours without incident.

The Expo Center was very large with ample parking for all but a few of our 110 vehicles. Overflow parking was accommodated by utilizing an adjacent parking lot normally used by the local National Guard Armory.

Task Force members didn't need to unpack any of their personnel items because the shelter provided everything the Task Force members needed. Items distributed included tooth brushes, towels and washcloths, mattresses, blankets and pillows.

24 hours prior to our arrival, the Mayor and members of the Expo Center Board had 30 shower stalls constructed and supplied with soap, shampoo, hairdryers, etc.

Food was provided by the Expo Center from donations that seemed to arrive every hour. The food was prepared by volunteers and served at specific times while snacks were available at all times.

The South Haven Police Department provided security both inside and outside the facility to include the parking lot. Wristbands were required for everyone staying in the facility to facilitate identification of who should be in the shelter.

The Task Force remained at the shelter for two nights while the Task Force Commander coordinated the final movement to southern Mississippi.

On the evening of the second day, September 4, 2005 the Task Force received word that they had been assigned to Gulfport and notified the Indiana EOC that an advance party would depart South Haven early on September 5<sup>th</sup> in route to Gulfport to coordinate the arrival of the main body of the Task Force.

At 1200 hours on September 5<sup>th</sup> the advance party arrived at the Harrison County Emergency Operation Center located in Gulfport. After two hours of waiting and being passed from one person to another, the Task Force was finely assigned to the city of Biloxi which happened to be ground zero for the hurricane destruction.

The Task Force was assigned to the Mississippi Coast Coliseum and told this is where our base camp would be established.

All Task Force members are grateful to the City of South Haven for their hospitality, patience and their professional manor while accommodating such a large number of transient personnel.





Staging Area Evening Staff Meeting



Staging Area Evening Task Force Meeting



Hurricane Katrina

The Mississippi Coast Coliseum  
Biloxi, Mississippi

While the Task Force was assigned to Biloxi, the actual intended base camp location was at the corner of Highway 90 and Beauvoir Street in the Mississippi Coliseum parking lot.

Upon arrival at the complex it was discovered that 90 % of the area was occupied by a Florida Task Force which was part of a base camp run by the National Forest Service. Indiana's team was told that the camp was being stood down when the Florida team departed in two days.

The Indiana Task Force was told that the Forestry Service was establishing a new base camp in a day or two at a Navy Construction Battalion Base east of Gulfport and Indiana would be welcome. In the meantime, Florida provided one meal a day and the Forest Service allowed Indiana to utilize their showers until they departed on the third day.

The day after the Florida Task Force and Forest Service departed, the Indiana Task Force was instructed to move to the Navy Base. Advance teams departed and soon found the accommodations unacceptable. The parking area assigned to Indiana had not been cleared of debris and several vehicles experienced flat tires. In fact it was found contaminated and unusable for our command center.

The Indiana Task Force Commander recalled all units to the Coliseum and departed for the Harrison County EOC to discuss the situation with the reception jurisdiction. Later that night because the Indiana Task Force was self sustaining, it was assigned an area on the back side of the Coliseum previously occupied by part of the Florida team.

Moral was becoming an issue by this point but as soon as the base camp was established moral became less of an issue and as all teams became actively engaged the moral problems went away altogether.

The base camp was named "Camp Indiana" early on and remained an active and productive base of operations throughout the entire mission.



Mississippi Coast Coliseum



Camp Indiana

## Hurricane Katrina

### Commanders Comments and Review Submitted by Dave Perkins, IDHS

I would first like to express my personal thanks and gratitude to each and every person that participated in Operation Hoosier Relief from the field staff that endured the hardships of living under field conditions for weeks on end while performing their duties with dedication and professionalism, to the EOC staff that supported us so well. I would also like to thank Director Dietz, Phil Roberts and Governor Daniels and his staff for all the support we received from them as well.

I must admit that when I was given the task of pulling together such a large Task Force within such a short period of time and then moving it several hundred miles to the state of Mississippi into one of the most devastated areas in the country, I was a little apprehensive.

I credit the fact that we accomplished this mission with minimal problems to the great working relationships we have among all state agencies. Many of us have worked in the field together in smaller groups on several Indiana disasters and had established a working knowledge of each others abilities and strengths as well as our weaknesses, so coming together as a larger unit was actually easy to do.

We knew from our intelligence reports that the situation in Mississippi was terrible at best with power outages, emergency communications all but gone, cell towers down health care facilities destroyed and no fuel available for out of state response forces. Under the Task Force concept I knew our personnel were up to the challenge, however I did have my doubts about some of our first time responders, primarily from the health side of the house that traditionally do not responded to the field, but as it turned out they fell in with us “old timers” and did a wonderful job and I would gladly serve in the field with them anytime.

Early on communications and coordination with the Mississippi State EOC and our assigned county “Harrison” was difficult. Missions were not being assigned and it appeared that areas of obvious concern were being overlooked. I believe that most of this was a result of the local jurisdictions being so overwhelmed and under staffed. It was very apparent during our first visit to the EOC that their staff, for the most part, was exhausted and needed relief.

Forestry was the first to be engaged followed by DNR after the Mississippi Water Patrol spotted their vehicles at the Coliseum and requested assistance. Understanding the problems the Task Force was experiencing, each of the remaining elements from Mental Health and Health actively started to engage in the community where help was needed. Major McKee from ISP located the Unified Law Enforcement cell and was soon fully engaged as well.

After a few days of activity and morning meetings at the Harrison County EOC, everyone started requesting the assistance of the Task Force and as it turned out, after Florida pulled out, Indiana had the only organized multi disciplined Task Force in the area.

A few missions were refused because it would have fragmented the Task Force to the point we would have lost Command and Control over some of our own members.

With a couple of exceptions, the NIMS system worked extremely well within our Task Force. Traditional state response agencies had no problems with the system, however, it was noted that some local responders had difficulty understanding how the system worked. After a couple of days and a quick training session by IFD personnel, I believe everyone had at least a basic understanding of NIMS and did a fine job.

The success of the Task Force can be found in the final number of individuals assisted. Health treated 9,321 and inoculated another 6,973 while Mental Health had 11,847. Law Enforcement had 1,200 incidents resulting in 300 arrests. DNR ran hundreds of missions and the number of trees cut and removed by our Forest Service personnel is countless. The Department of Transportation (Hoosier Helpers) covered close to 4,000 miles covering everything from abandoned vehicles (127), welfare checks (102), fixed 99 flat tires and numerous other services. The Department of Corrections drove thousands of miles assisting with the delivery of medical supplies and personnel to remote locations and performed every other task assigned them in a very professional manor. The National Guard had a variety of missions including the Jefferson Davis estate project and did a commendable job each and every time.

These are significant numbers and is something of which Indiana can be proud.

By the end of the second week, operations had settled down into routine tasks and assignments making the challenges of command less demanding. The only exception to this was the storms that moved through the area as Hurricane Rita moved into Louisiana and Texas.

During this deployment we learned a lot of lessons and returned to Indiana with our heads full of ideas of how we can improve our next large deployment and while the lessons learned from this deployment will be captured under separate cover as a document in itself, I feel a few needs to be shared in this review.

## Hurricane Katrina

The first lesson is that deployment as a Task Force is the only way to operate. A Task Force allows for a tight incident management system that can operate in any environment as an independent element or it can integrate into a larger operation as we did with this deployment supporting various needs while maintaining its integrity and the umbrella of safety and security for its members.

An advance team must be deployed prior to the movement of the main body. The advance team can establish critical points of contact and get an on scene situation assessment prior to main body deployment and communicate to the Task Force any changes in structure or need.

We must also take a look at the physical conditioning of our members prior to deployment. If a potential member has a physical condition that would be exacerbated by heat, sunlight or cold, or if the member has a medical condition that could be compromised due to lack of routine such as meals, sleep, etc., they should not be considered for some missions.

While our plans for a typical, smaller deployment worked, it was obvious that we need to look at expanding our plans to include the larger operation under the all hazard concept to include a WMD event either internal or external to the state of Indiana and incorporate the lessons learned as they apply.

Each agency involved in this operation has learned valuable lessons and as I stated, these will be captured under separate cover.

As Task Force members rotated out every 14 days, they took with them a new found knowledge and respect for just how devastating a hurricane can be. They saw the people; they heard the stories and they had their hearts touched by hundreds of residents along the gulf coast.

## Hurricane Katrina

### Participating Agencies and Organizations:

Indiana Department of Homeland Security  
Indiana State Police  
Indiana State Department of Health  
Family and Social Services, Division of Mental Health  
Department of Natural Resources, Law Enforcement and Water Rescue  
Department of Natural Resources, Forestry Division  
Indiana National Guard  
Indiana Department of Corrections  
Indiana Department of Transportation  
Indiana Sheriffs Association  
Arnett  
Bloomington Hospital  
Blue Chip Casino  
Bloomington County Mental Health  
Cardinal Health Systems  
Center for Mental Health (CMHC)  
Carroll County Sheriff's Department  
Center for Behavioral Health (CMHC) Bi  
Center for Mental Health, (CMHC) Anderson  
City of Marion Police Department  
Clarion Health  
Clarion Health and Columbus Cardiolo  
Cloverdale Police Department  
Crawford County Health Department  
Crawfordsville Police Department  
Dearborn County Sheriff's Department  
Decatur Township Fire Department  
Delaware County EMA  
Delaware County Sheriff's Department  
DoD Crane

Hurricane Katrina Agency Listing Cont:

Eli Lilly  
Family Practice LaPorte  
Fishers Police Department  
Fort Wayne Fire Department  
Task Force 1  
Gary Police Department  
Goshen General Hospital  
Hamilton County Health Department  
Hamilton Center  
Hancock Memorial Hospital  
Harrison County Hospital  
Hartford City Police Department  
Hendricks County Sheriff's Department  
Hendricks Memorial Hospital  
Henry County Sheriff's Department  
Indianapolis Fire Department  
Indianapolis Police Department  
Jay County Health Department  
Jay County Sheriff's Department  
Lagrange County Health Department  
LaGrange County/Noble County EMS  
LaPorte County Health Department  
LaPorte County Sheriff's Department  
Lawrence Police Department  
Lutheran Hospital  
Madison County Sheriff's Department  
Martin County Health Department  
Martinsville Police Department  
Montgomery County Health Department  
Morgan County Sheriff's Department  
Muncie Police Department  
Munster Police Department  
New Albany Police Department  
Park Center  
Parkview Hospital  
Pike Township Fire Department  
Private Practice, Middleton - Hanover  
Private Practice, Courtney - South Bend  
Private Practice, Whitney – Warsaw  
Putnam County Sheriff's Department  
Richmond Police Department  
Samaritan Center (CMHC) Vincennes  
Southlake Center



Hurricane Katrina Agency Listing Cont:

St Clare Hospital  
St. Joseph County Health Department  
St Vincent's/Randolph County Hospital  
St Joseph County Police  
Terre Haute Police Department  
Tippecanoe County Health Department  
Vanderburgh County Health Department  
Wabash County Sheriff's Department  
Wabash Valley (CMHC) West Lafayette  
Warren Township Fire Department  
Washington Township Fire Department  
Wells County Health Department

## Hurricane Katrina

### Agency Comments

The following is a consolidation of comments that have been provided by participating agencies and organizations following the After Action Review (AAR)

Comments are by category as outlined by the Indiana Homeland Security After Action Questioner.

#### **Communications:**

Communications was undoubtedly the most challenging aspect of the whole operation.

#### **Radio, Telephone and Satellite**

Local communications systems in general were all but gone at the time of the Task Force (TF) arrival. Internal TF radio communications was very limited and cell phone coverage was poor at best. The only reliable communications was our satellite radio systems but this equipment was limited.

As the weeks went by, communications while still not 100%, improved greatly.

#### **Records, Plans and Procedures**

Records were maintained on all communication activity on board the Mobile Command Center (MCC) however plans and procedures did not address total communications failure in an area of operations outside the state of Indiana where we could have quickly received additional support equipment to correct the problem.

Working in an area cut off from any local or state support forced plans and procedures to change several times during this operation.

It was noted that we need to be more self reliant and deploy with additional equipment to not only support ourselves, but also the local entity we are assisting.

#### **Mobile Command Center Data/Computer Systems**

Without reliable land line or cell telephone connectivity, transmission of information and reports from the command center were extremely difficult. The on board system was bypassed when agencies started using outside or alternative means to communicate with the rear, creating a situation where reports were fragmented instead of consolidated as they should have been.

## **Other Comments**

It was noted that while agency leads were fully briefed prior to deployment, some responders (3) felt their agency failed to adequately inform them of the situation and conditions they were deploying into.

Without radios, personnel cell phones were used by several medical staff members for daily communications and coordination within their working groups.

## **Incident/Unified Command:**

While all comments regarding the Incident Command structure and function were positive, it was also noted that prior to the deployment, several first time responders (primarily clinical medical) had not been trained in NIMS. This situation forced the Task Force Commander to order abbreviated ICS training for these individuals while in staging and prior to arrival at the Base of Operations (BoO). Comments also recommended mandatory NIMS training prior to being eligible for the next deployment.

## **Law Enforcement:**

Once again, all comments regarding the Law Enforcement function of this mission were positive. Consolidated comments stated that they worked very well within the command structure, maintained great records and accountability of all actions and events and integrated into the local Law Enforcement system with minimal difficulties.

A responder commented on how well the Indiana State Police worked with the Indiana Department of Natural Resources Water Rescue/Law Enforcement and the Mississippi Water Patrol.

One officer commented without assigning blame that security in and around the base camp could have been a little tighter.

## **Military Support to Civil Authorities:**

The military element of the Task Force showed a fantastic ability to adapt, modify and overcome any obstacle or mission as assigned.

### **Military Support Cont:**

Because our Indiana medical team members and a few personnel from other state agencies are not as familiar with the Indiana National Guard as our Homeland Security and State Police personnel, actual comments will be transcribed in this portion of the AAR.

Comment: The military presence in Camp Indiana and the Gulf Coast communities was exceptional. There was never a moment in which I felt unsafe. I consistently saw military involvement in emergency services, environmental management efforts, and public safety support, and that presence was always professional.

Comment: The integration of Medical, Law Enforcement and DHS into a “bare base” setting was a well orchestrated event. The “three hots and a cot” supplemented by showers and other amenities created a very livable site. The men and women of the Army National Guard are some of the finest personnel in the state.

Comment: From my perspective, the military worked very well with medical staff, and assisted in any way that they could. It was a privilege and an honor to work so closely with each one of them.

Comment: Their effectiveness varied on which personnel were assigned. Some Guardsman and women took their responsibility very seriously and actively engaged in liaison activities. Others were more immature, or failed to incorporate the experience of the medical and mental health staff they were accompanying, as several had significant experience working in homes and communities.

Comment: It was a pleasure working with the National Guard. Knowing that with very few exceptions the medical staff had absolutely no experience working and living in emergency field conditions and it was a comfort knowing we had guardsman with us that had worked with emergency services several times in the past and were very capable of taking care of us not only in base camp but in the street as well. There was some concern early on about the age of some of these soldiers and their ability to handle an unexpected emergency. I think 90% of these men and women were combat veterans and very capable.

### **Personnel Safety:**

While all of the command staff knew who the Safety Officer was, it was apparent from the comment sheets that not all the Task Force members knew who it was.

Only a few comments were negative and mostly dealt with not receiving enough rest or rehab due to the individual’s personal inability to “stand down” at the end of their shift.

**Personnel Safety Cont:**

The TF had ample Personnel Protective Equipment (PPE) for the types of missions assigned, however one person suggested that for field working conditions we should have all the PPE that is provided in a sterile hospital environment like gowns, full splash face masks, etc.

One person suggested that the medical team rotation was too long and suggested 10 days plus travel on both ends.

**Public Health:**

The majority of the Public Health personnel agreed that although NIMS was new to most of them, they feel they were able to work within the system with little problem. One person thought the command system was so regimented it did not allow for expansion of operations. Operating outside the scope of operations and assigned tasking by the command element is called freelancing. Freelancing is something done by individuals or organizations that self deploy without mission or direction. These individuals and organizations generally create more problems than they resolve.

All agreed that Mental Health did an excellent job working with not only local facilities and responders but also with Task Force members. Members not only had daily contact with the Mental Health staff but also were required to attend a debriefing prior to returning to Indiana.

Several problems were addressed regarding pharmaceutical inventory, re-supply and distribution. Concerns with the SNS system and its failure to provide in a timely manner requested products. It was also recommended that a Pharmacist or Pharmacy Tech be added to the Public Health staff.

Pre-packaged medical supplies, packaged the night before, should be sent out with field teams to save time or the necessity to return to the base camp for needed items.

It was also recommended that medical supplies be pre-identified for response and recovery operations and be pre-contracted for delivery within 24 hours of arrival at the Base of Operations (BoO).

While religious support was great for Task Force members, the Chaplains soon found a need outside the Task Force with other organizations and teams such as the DMORT providers. Any future plans or procedures need to address this type of expanded mission.

Some initial problems with "Special Population Issues" were quickly identified and addressed by the PH team. While the team did have Spanish speaking members, it was discovered that the Biloxi, Gulfport area had a high population of Vietnamese and Russian residents.

**Public Health Cont:**

Due to the extreme issues involving the environmental hazards associated with this type of deployment, it is recommended that an Environmental Specialist be assigned to work with the Safety Officer or assume the role of the Safety Officer.

**Public Information:**

While PIO functions worked extremely well during the operation, those persons assigned as PIO's found that due to uniform identification by inquiring media, many of the stories or questions had a tendency to lean toward the agency of the PIO such as State Police, Department of Natural Resources, etc. The PIO's worked hard to correct this problem by emphasizing that they represented the entire Task Force and not just their on element.

A corrective recommendation is to have a PIO with each element represented working in a Joint Information Center (JIC) with one PIO appointed as the Task Force lead. These PIO's must be subject matter knowledgeable of their respective agencies function, mission and capabilities and be trained as Public Information Officers.

Communications problems created even more challenges to the PIO's regarding how news releases would be disseminated out to the media and higher headquarters.

Several recommendations regarding pre-identifying team members, insuring everyone is properly inoculated, training and exercise were received. It was also suggested that the deployment intervals could be extended from two weeks to three weeks between rotations.

**Public Works:**

Responses to the Public Works questionnaire were few at best.

Clean up of public property was in fact accomplished through coordination with local public works officials and accomplished by primarily the Indiana National Guard and Department of Natural Resources Forestry personnel assigned to the Task Force.

During down time, several law enforcement and DNR personnel assisted their Mississippi counterparts by helping with the cleanup of their homes and property. This gesture was greatly appreciated by the local responders and allowed them to return to duty more quickly.

**Resource Management:**

While resource management worked well, the following comments and recommendations show that improvement is needed in this area as well.

Resource lists were helpful and used but became fragmented due to unscheduled missions or mission expansion due to changing need.

Medical resource inventory or points of re-supply were not adequately communicated to the next rotation. This created duplication of some supplies and shortages of others.

The National Guard served as the logistics point for the Task Force and did a fine job; however, logistics personnel were limited creating a slowdown in the actuation of some supplies. Generally, supply requests were filled within 24 hrs. Outstanding timeline considering the circumstances.

Some personnel requested and received supplies and donations from their local hometowns or hospitals without going through command. This resulted in unwanted goods arriving at the base camp that had to be moved to a distribution center.

Uniforms in the form of T shirts were utilized to quickly identify each entity such as Medical, Mental Health, Law Enforcement, etc. It was recommended that scrubs with printed logos be used for medical staff. The idea is that scrubs are cooler and dry much faster when washed and present a more professional appearance.

Locations for rest and recreation were provided by the National Guard and utilized by most TF members; however some members did not take proper advantage of their down time resulting in fatigue during the next day's missions. This situation can be corrected with better orientation and training.

Receipts were collected and maintained by the IC; however some members will not receive reimbursement for a purchase that was made outside the normal procurement process.

Private business made a very noticeable difference when they stepped up and assisted with unmet needs.

**Traffic Access/Control:**

Once again response to the Traffic Access questionnaire was sparse but we did receive the following comments.

While security was provided for the base camp, it was not well enforced.

With such a large number of responders and vehicles and such a small base camp I think it worked well.

Traffic control decisions were updated as needed. Most decisions were made to insure personnel safety with all the large vehicles moving around at night during shift change, etc.

**Emergency Operations Center:**

The following are comments from a verity of personnel that worked in the State EOC during the Katrina Response.

While coordination with state agency representatives in the EOC worked well, internal EOC support needs to be improved.

EOC telephone numbers compromised by publishing them in Press Releases. EOC phone numbers should never be released to the general public.

EOC used as a phone bank resulting in unrelated information overload. EOC capability was just about maxed out with hurricane evacuees and others using it as a phone bank. Phone bank operations should be established elsewhere in the future.

Unrelated meetings in and around the EOC need to be moved elsewhere.

More personnel need to be trained in EOC EMAC support procedures.

We could have benefited by having a Fiscal rep in the EOC during day shift.

Coordination between EMAC REQ-A process, Task Force Support and EMAC Broadcast Message Support went very well. This process alone takes six people.

Duty Officers became a problem when scheduled Duty Officers were taken off the rotation, resulting in a slowdown of EOC operations for situation orientation and training of personnel that typically don't function as duty officers.



